



Your Single Source Provider for Sheet Metal Fabrication, Machining & Assembly

## Supplier Questionnaire

F-8.4-00  
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Rev. C

Revision Date:  
12/26/19

Release Date:  
12/27/19

<b>Company Name</b>	
<b>Address</b>	
<b>City, State/Province</b>	<b>Zip Code/Country</b>
<b>Telephone</b>	<b>Fax</b>
<b>Completed By</b>	<b>Date</b>
<b>Title</b>	

### Management Officials

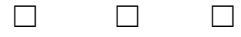
<b>Name</b>	<b>Position</b>
<b>Name</b>	<b>Position</b>
<b>Name</b>	<b>Position</b>
<b>QA/QC Contact</b>	<b>Position</b>
<b>Please describe your type of business (machining, assembly, plating, metal distributor, etc.)</b>	
<b>Total No. Employees</b>	
<b>Is your company accredited to ISO 9001 or AS9100?</b> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>	<b>If Yes, Certification Number:</b>
<b>Is your company Nadcap accredited?</b> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>	<b>If Yes, Certification Number:</b>
<b>Is your company ITAR registered</b> <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> <b>N/A</b> <input type="checkbox"/>	<b>If Yes, What is your Registrant Code?</b>
<b>Does your company have a Quality Manual?</b> <div style="text-align: center;"> <b>Yes</b> <input type="checkbox"/>    <b>No</b> <input type="checkbox"/>    <b>N/A</b> <input type="checkbox"/> </div>	

**If your company is ISO, AS or Nadcap certified, please provide copies of Certifications and Quality Manual, and this survey is complete.**

**If your company is NOT ISO, AS or Nadcap certified, please complete the remainder of this survey.**

<b>Documents Included with This Reply:</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
● Brochures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Quality Manual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Facility List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are activities which affect product quality described by written procedures?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are process sheets, job travelers, or manufacturing instructions used?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Is there a contract review of purchase orders?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Do written procedures exist for:</b>			
● Receiving Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● In-process inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Final inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Check items applicable to your nonconforming material controls</b>			
● Reject Tag/Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Segregated Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Corrective Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Check items applicable to your calibration system</b>			
● Gage are calibrated at regular intervals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Written Procedure exist for calibrations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Master and standards are traceable to NIST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Check items which indicate measurement capability</b>			
● 0.001” Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● 0.0001” Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Electronic Gaging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Optical Comparator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Coordinate Measuring Machine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Hardness Tester



	Yes	No	N/A
<b>Are these procedures to assure drawings and specifications are current?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are periodic internal audits planned for verifying conformance to procedures?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are these audits documented?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Will supplier provide evidence of inspections and test if required?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Are quality records maintained? Please indicate which:</b>			
• Management reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Contract reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Calibration records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Acceptance/Repair of nonconforming product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Corrective Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does your company have an effective process for ensuring compliance to all applicable laws, including occupational, health and safety laws?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does your company have the ability to process RoHS compliant material? If so, are there procedures in place for the proper identification, segregation, handling, and the prevention of cross-contamination of this material?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rev.	Change(s)	Date	Authorized By
A	N/A		J. Anderson
B	Footer & formatting	11/7/19	J. Anderson
C	Added Management Officials above name line and added ITAR registered question. Reformatted this revision block.	12/27/19	J. Anderson